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**The Commonwealth of Massachusetts
William Francis Galvin, Secretary of the Commonwealth
Elections Division**

FAX TRANSMITTAL COVER SHEET

Telephone **(617) 727-2828**

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TO: General Services Administration FAX #: 202-501-1124

**FROM: Michelle K. Tassinari
Legal Counsel
Elections Division**

DATE: January 20, 2004

NO. OF PAGES (INCLUDING COVER SHEET): 3

COMMENTS:

**Enclosed please find the Standard Form 269A for Election Reform Payments
for the Commonwealth of Massachusetts.**

**Thank you in advance for your cooperation and please do not hesitate to
contact me with any questions.**

FINANCIAL STATUS REPORT

(Short Form)
(Follow instructions on the back)

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1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 47-0601-0-1-808		OMB Approval No. 0348-0039	Page 2	of 2 pages
3. Recipient Organization (Name and complete address, including ZIP code) Secretary of the Commonwealth 1 Ashburton Place Boston, MA 02108						
4. Employer Identification Number 046-002-284		5. Recipient Account Number or Identifying Number 05210700		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) June 18, 2003		To: (Month, Day, Year) OPEN		9. Period Covered by this Report From: (Month, Day, Year) June 18, 2003		To: (Month, Day, Year) December 31, 2003
10. Transactions				I Previously Reported		II This Period
a. Total outlays						\$0
b. Recipient share of outlays						\$0
c. Federal share of outlays						\$0
d. Total unliquidated obligations						\$0
e. Recipient share of unliquidated obligations						\$0
f. Federal share of unliquidated obligations						\$0
g. Total Federal share (Sum of lines c and f)						\$0
h. Total Federal funds authorized for this funding period						\$1,519,497.00
i. Unobligated balance of Federal funds (Line h minus line g)						\$1,519,497.00
11. Indirect Expense						
a. Type of Rate (Place "X" in appropriate box) N/A <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. SECTION 102						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Michelle K. Tassinari, Legal Counsel, Elections				Telephone (Area code, number and extension) 617-727-2828 x 3205		
Signature of Authorized Certifying Official <i>Michelle K. Tassinari</i>				Date Report Submitted 1/20/04		